



INDIANA DATA BREACH NOTIFICATION FORM

OAG Form 1079 (R1 / 09-14)
Identity Theft Unit

OFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach			
Name Hite, Fanning & Honeyman, LLP			
Street Address 100 N. Broadway, Suite 950	City Wichita	State Kansas	Zip Code 67202
Submitted by Gregory Bautista	Title Partner	Dated June 24, 2019	
Firm Name and Address (if different than entity) Wilson Elser Moskowitz Edelman & Dicker LLP			Telephone 914 872 7839
Email Gregory.Bautista@wilsonelser.com	Relationship to Entity whose information was compromised Attorney		

Type of Organization (please select one)		
<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Health Care	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Other Government Entity	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Other – please specify
<input type="checkbox"/> Educational	<input checked="" type="checkbox"/> Other Commercial	

Number of Persons Affected	
Total (Indiana Included)	~78
Indiana Residents Only	1

Dates		
Date Breach Occurred (include start/end dates if known)	June 11, 2018	March 8, 2019
Date Breach Discovered	May 9, 2019	
Date Consumers Notified	June 24, 2019	

Reason for delay, if any, in sending notification

Description of Breach (select all that apply)	
<input checked="" type="checkbox"/> Inadvertent disclosure	<input type="checkbox"/> External system breach (e.g. hacking)
<input type="checkbox"/> Insider wrong-doing	<input type="checkbox"/> Other
<input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)	

Information Acquired (select all that apply)	
<input checked="" type="checkbox"/> Social Security Number	<input checked="" type="checkbox"/> Name in combination with (select all that apply) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> Credit Card or Financial Account Information <input type="checkbox"/> Debit Card Number (in combination with security code, access code, password or PIN for account)

List dates of previous breach notifications (within last 12 months)		

Manner of Notification to Affected Persons	
Attach a copy of a sample notification letter	
<input checked="" type="checkbox"/>	Written
<input type="checkbox"/>	Electronic (email)
<input type="checkbox"/>	Telephone

Identity Theft Protection Service Offered		
<input checked="" type="checkbox"/> Yes	Duration	12 months
<input type="checkbox"/> No	Provider	ID Experts
Brief Description of Service: Single Bureau Credit Monitoring; CyberScan Monitoring		

Since this breach, we have taken the following steps to ensure it does not reoccur (<i>attach additional pages if necessary</i>)
Hite, Fanning & Honeyman has taken steps to prevent a similar event from occurring in the future, including reviewing and revising their information security policies and resetting employees' access credentials to ensure their systems are secure.

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (<i>attach additional pages if necessary</i>)

SUBMIT
